

**Program Enrollment Name**

[illegible]

Service Description	Outpatient	Parole Aftercare	Intensive Outpatient	IYTP	Halfway Housing	Detox	Residential	Pre-Treatment	GAIN-I Assessment	Medicaid	Private Pay	Recovery Support Services
Intensive Outpatient (Education)			X								X	
Intensive Outpatient (family without client present)			X								X	
Intensive Outpatient (Individual with Family Members)			X								X	
Intensive Outpatient (Individual)			X								X	
Interpreter Services	X	X	X		X	X	X	X	X		X	X
IYTP 3 Month Follow-up Interview				X								
IYTP 6 Month Follow-up Interview				X								
IYTP Case Management				X								
IYTP Client/Family Contact Preparation				X								
IYTP Drug Testing				X								
IYTP Family Sessions (with client present)				X								
IYTP Family Sessions (without client present)				X								
IYTP GAIN-I Assessment				X								
IYTP GAIN-M90 Assessment				X								
IYTP GPRA Discharge Interview				X								
IYTP GPRA Intake Interview				X								
IYTP GPRA Interview				X								
IYTP Group Session				X								
IYTP Individual Session				X								
IYTP Ineligible Services				X								
IYTP Screening by Clinician				X								
IYTP Screening by Support Staff				X								
IYTP Transportation				X								
IYTP Transportation of Client				X								
IYTP Transportation Pick Up				X								
IYTP Treatment Program Services				X								
Life Skills	X	X	X		X	X		X	X		X	X
Life Skills (Group)	X	X	X		X	X		X	X		X	X
Life Skills (Individual)	X	X	X		X	X		X	X		X	X
Life Skills (Medicaid Supplemental)	X	X	X		X	X		X	X		X	X
Life Skills Group (Medicaid Supplemental)	X	X	X		X	X		X	X		X	X
Life Skills Group w/o client (Medicaid Supplemental)	X	X	X		X	X		X	X		X	X
Life Skills Individual w/o client (Medicaid Supplemental)	X	X	X		X	X		X	X		X	X
Life Skills-Client not present (Group)	X	X	X		X	X		X	X		X	X
Life Skills-Client not present (Individual)	X	X	X		X	X		X	X		X	X
Lodging	X	X	X						X		X	X
Medical Needs Benefit	X	X	X		X	X	X		X		X	X
OP and IOP (Group)	X	X	X					X			X	
Outpatient	X	X						X			X	
Outpatient (Education)	X	X						X			X	
Outpatient (family without client present)	X	X						X			X	
Outpatient (Individual with Family Members)	X	X						X			X	
Outpatient (Individual)	X	X						X			X	
Parolee Aftercare	X	X									X	
Pre-Treatment Services								X			X	
Pre-Treatment Services (Education)								X			X	
Pre-Treatment Services (Individual)								X			X	
Staffing (Planned Facilitation)	X	X	X		X	X	X	X			X	
Transportation	X	X	X		X	X	X	X	X		X	X
Transportation Flat Fee	X	X	X		X	X	X	X	X		X	X
Transportation of Child	X	X	X		X	X	X	X	X		X	X
Transportation of Child Per Mile	X	X	X		X	X	X	X	X		X	X
Transportation of Child Pick Up	X	X	X		X	X	X	X	X		X	X

Service Description	Outpatient	Parole Aftercare	Intensive Outpatient	IVTP	Halfway Housing	Detox	Residential	Pre-Treatment	GAIN-I Assessment	Medicaid	Private Pay	Recovery Support Services
Transportation of Client	X	X	X		X	X	X	X	X		X	X
Transportation pick up	X	X	X		X	X	X	X	X		X	X
Travel for Professionals (1 unit = 1 Mile)								X	X		X	